

Connecticut Coalition of Advanced Practice Nurses

American College of Nurse-Midwives (ACNM), Region I, Chapter 2
Connecticut Advanced Practice Registered Nurses Society (CTAPRNS)
Connecticut Association of Nurse Anesthetists (CANA)
Connecticut Nurses' Association (CNA)
Connecticut Chapter of the American Psychiatric Nurses Association (APNA-CT)
National Association of Pediatric Nurse Practitioners (NAPNAP), Connecticut Chapter
The Northwest Nurse Practitioner Group

PUBLIC HEALTH COMMITTEE
FEBRUARY 16, 2016 PUBLIC HEARING

**CONNECTICUT COLAITION OF ADVANCED PRACTICE NURSES IN SUPPORT OF
RAISED BILL No. 67**

AN ACT CONCERNING THE AUTHORITY AND RESPONSIBILITIES OF ADVANCED
PRACTICE REGISTERED NURSES

Senator Gerratana, Representative Ritter and members of the Committee,
Thank you for raising this bill, addressing patient care issues affected by outdated
statutes.

My name is Lynn Rapsilber MSN ANP-BC APRN FAANP DNP(c). I am a nurse
practitioner working as a Gastroenterology NP. Today I testify as Chair of the
Connecticut Coalition of Advanced Practice Nurses.

Since 1999, when the APRN Practice Act changed and APRNs became solely
responsible for their patients, the signing of certain state forms, that are
required of providers of care, have been problematic.

CT Statutory language is obsolete in frequently naming only a physician to
sign certain forms. This is understandable since that profession was the only
primary provider of care when the statutes were written. Consequently, signing of
many forms, such as physicals, that should be part of daily practice of any provider
to serve patients, is actually illegal for APRNs. Statutory housekeeping to update
statutes to meet current practice is needed and even in some cases lack of such is
health threatening to patients.

The bill before us today addresses many issues including basic evaluations
affecting individuals involved with evictions, health clubs, motor vehicle operations,
fishing, attending schools, jury duty, as well as end of life decisions by patients and
treatments for serious illnesses. All measures mentioned are Primary Care

Provider issues, facing patients every day. APRN patients will be well served by this bill. Thank You

There are, however, 4 Sections in the bill that that are NOT appropriate APRN issues and should be deleted. They are:

Section 18 which refers to Directors of Emergency Medical Departments

Section 27 APRNs strongly support guaranteed peer review

Section 29 which includes APRNs in Border States - since state APRN Practice Acts vary this is inappropriate at this time

Section 75 which refers to A. I. D. a procedure NOT performed by APRNs

On the other hand, re DNR and Living Will, there are related statutes, referencing forms and liability that we ask for your consideration to be amended and added for conformity:

19a-570, (definitions) 19a-571, 19a-571(b), & 19a-571(c), (all dealing with liability) 19a-575, 19a-575a, (referencing mandated forms)

19a-578 (medical records) & 19a-580. (DNR notification)

APRN patients have been tremendously inconvenienced waiting for form signatures; delays have created real hardships and added costs. There will be other testimony re DNR but this issue has been extremely problematic for patients and extremely costly. APRN Nurse Practitioners as well as Psychiatric APRNs have reviewed this bill. I cannot stress enough the importance of the bill and the significant daily impact it will have on patient care and access.

Thank you for your attention to this issue, Lynn Rapsilber, Chair CT
Coalition of Advanced Practice Nurses